R.F.I. (REQUEST FOR INFORMATION)				
Project #:	605-327	RFI #:	1	
Project Name:	OP Pharmacy Building	Date Requested:	8/6/13	
Solicitation No.:	VA262-13-B-0591	Reference:		
Drawing:		Specification Section:	019100	
DE: (Please be specif	SCRIPTION OF PROBLEM OR	INFORMATION REQU	ESTED	
	OWNER R	ESPONSE		
Per Section 01	91 00, the VA will engage the C	xA under a separate cor	ntract to qualify for	
LEED Enhance	d Commissioning Credit. Under ses the completion of all commis	r this credit, an independ	·	
RF1's				
OWNER TRACKING	No.:	AMEND No.:		
VA Project Engineer	r/Manager:	Date: 8-3	10-13	

. ..

		F.I.	
Project #:	605-327	RFI#:	2
Project Name:	OP Pharmacy Building	Date Requested:	8/7/2013
Solicitation No.:	VA262-13-B-0591	Reference:	Electric Traction Passenger Elevator
Drawing:		Specification Section:	14 21 00
DES	SCRIPTION OF PROBLEM (OR INFORMATION REQUE	ESTED

- 1. Elevator Specifications section 2.3 A. call for a Schindler 400A Gearless Traction Elevator. Please confirm that Approved Equals will be expected and the control systems shall be non-proprietary per Department of Veterans Affairs Design guidelines, page 6. Section 5.A.2.
- 2. Please confirm if building emergency power generator will supply emergency power to the elevator in the event of a power loss to lower the elevator. If not we will provide an emergency battery backup system (TAPS Unit) per section Per specs. 2.2F.9. Automatic Evacuation.

OWNER RESPONSE

- 1. Concur that basis of design could be replaced by an approved equal.
- 2. Do not provide elevators with emergency power from generator. Only provide TAPS.

M. Swider (8/12/13)

concar

OWNER TRACKING No.:	AMEND No.:
VA Project Engineer/Manager	Date: 8-30 -13

R.F.I. (REQUEST FOR INFORMATION)				
Project #:	605-327	RFI#	3	
Project Name:	OP Pharmacy Building	Date Requested:	8/8/13	
Solicitation No.:	VA262-13-B-0591	Reference:		
Drawing:		Specification Section:	101400	
(Please be specification Please provide sign and letters shown	•	lso provide exterior signage specs	for monument signs	

Provide and install all signage to follow the latest edition of the VA Signage Design Guide, Sections 1 to 14.

Provide mechanically-fastened interior room identification signage at locations indicated in the specifications. Refer to Section 9, Interior Signs. Each room ID sign shall be 9" x 9" acrylic sheet with 3/8" corner radii, and 9-1/8" x 9-1/8" clear satin anodized aluminum frame. Room ID sign shall have 3" x 9" tall upper portion with ADA compliant room number, and ADA compliant braille. Room ID sign shall have 6" x 9" tall lower portion with removable type/window which can hold printed copy measuring 5-3/16" x 9" x 1/16".

Exterior signage for monument signs and letters on detail 6/A031 shall meet VA Signage Design Guide. Refer to Section 4, Exterior Signs.

M. Swider (8/13/13)

OWNER TRACKING No.:	AMEND No.:
VA Project Engineer/Manager:	Date: 8 - 80 - 73

	R.F.		
Project #:	605-327	RFI #:	4
Project Name:	OP Pharmacy Building	Date Requested:	8/12/13
Solicitation No.:	VA262-13-B-0591	Reference:	
Drawing:		Specification Section:	142100
	DESCRIPTION OF PROBLEM OR	INFORMATION REQU	IESTED
(Please be spe	ecific.)		
Section 14 21 00 Part 2.2 A			
controller of Smart-	Elevator, machine room less/general purparise or Elevator Controls or Motion Controls or Motion Controls an satisfy the design specifications, as low 7'.	ols are acceptable, non-prop	orietary substitutions. These
	OWNER R	ESPONSE	
1 1	asis of design could be replaced by should not be increased. 3/13)	y an approved equal. S	ize of elevator
OWNER TRACKI	NG No.:	AMEND No.:	
VA Project Engin	eer/Manager:	Date:	8-20° M

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	R.F.		
Project #:	605-327	RFI#:	5
Project Name:	OP Pharmacy Building	Date Requested:	8/12/13
Solicitation No.:	VA262-13-B-0591	Reference:	
Drawing:		Specification Section:	142100
DES	SCRIPTION OF PROBLEM OR	INFORMATION REQUES	STED
(Please be specif	ic.)		
'periodic".			
	OWNER R	RESPONSE	was to her training
Previde examina M. Swider (8/13/	tien of each elevater unit bimor 13)	nthly, for a period of 12-mo	nths
OWNER TRACKING VA Project Engineer		AMEND No.:	-20-1B

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•	R.F. (REQUEST FOR IN		
Project #:	605-327	RFI#:	6
Project Name:	OP Pharmacy Building	Date Requested:	8/12/13
Solicitation No.:	VA262-13-B-0591	Reference:	
Drawing:		Specification Section:	142100
D	ESCRIPTION OF PROBLEM OR	INFORMATION REQU	ESTED
(Please be spe			
Section 14 21 00 Part 1.1 F			
24-hour,7-days-a-w access to make cha wrong? This could b	t- in remote diagnostic module to relay of reek, central-monitoring facility. Remote anges to the elevator and reset the eleva be dangerous. We recommend that this report elevancy ele	monitoring allows the possible tor without being on site to se requirement be deleted and the	lity of someone gaining se what is physically
24-hour,7-days-a-w access to make cha wrong? This could b	reek, central-monitoring facility. Remote anges to the elevator and reset the eleva be dangerous. We recommend that this r b a 24-hour,7-days-a-week emergency el	monitoring allows the possible tor without being on site to se requirement be deleted and the levator company.	lity of someone gaining se what is physically
24-hour,7-days-a-w access to make cha wrong? This could be	reek, central-monitoring facility. Remote anges to the elevator and reset the eleva be dangerous. We recommend that this r b a 24-hour,7-days-a-week emergency el	monitoring allows the possible tor without being on site to se requirement be deleted and the	lity of someone gaining se what is physically
24-hour,7-days-a-w access to make cha wrong? This could be in the elevator go to	reek, central-monitoring facility. Remote ranges to the elevator and reset the elevator at 24-hour,7-days-a-week emergency elevatoring facility.	monitoring allows the possible tor without being on site to serequirement be deleted and the levator company. RESPONSE	lity of someone gaining se what is physically nat the emergency phone
24-hour,7-days-a-w access to make cha wrong? This could the selevator go to Concur to prove a central-monit	reek, central-monitoring facility. Remote ranges to the elevator and reset the elevator and reset the elevator and reset the elevator and reset the elevator at 24-hour,7-days-a-week emergency elevatoring facility. 3/13)	monitoring allows the possible tor without being on site to serequirement be deleted and the levator company. RESPONSE	lity of someone gaining se what is physically nat the emergency phone
24-hour,7-days-a-w access to make cha wrong? This could be in the elevator go to Concur to prove a central-monit M. Swider (8/1)	OWNER R ide an emergency phone with 24- toring facility. NG No.:	monitoring allows the possibitor without being on site to se requirement be deleted and the levator company. RESPONSE 7 coverage, in lieu of bu	lity of someone gaining se what is physically nat the emergency phone

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	(REQUEST FOR	RINFORMATION)	
Project #:	605-327	RFI #:	71
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	Telecom
Drawing:	E-510	Specification Section:	27 10 00
DES	CRIPTION OF PROBLEM	OR INFORMATION REQUES	TED

(Please be specific.)

- 1. Sheet E-510 Note 3 shows Data Server Rack, is there a preferred rack type & manufacturer? If so, please provide.
- 2. Specifications do not provide info on cable type (CAT6, plenum), patch panels, etc. Is there a preferred manufacturer for cabling materials? If so, please provide.
- 3. What is the cable pathway from Room 109 to 2nd floor?
- 4. Will all 2nd floor workstations be fed to Room 109?

OWNER RESPONSE

Answer:

- 1. Per VA IT department Data Server rack is by VA IT.
- 2. Unless otherwise noted by VA; provide CAT6, Riser type, match existing hospital patch panels, match existing manufacturer for LV cables.
- 3. Provide multiple 2"C. to second floor from Room 109. Provide numbers of conduits as required.
- 4. Confirmed.

OWNER TRACKING No.:	AMEND No.:
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VA Project Engineer/Manager:	Date: 08/20/435
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	R.F (REQUEST FOR II		
Project #:	605-327	RFI #:	8
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	
Drawing:	A-210, A-311, A-431	Specification Section:	084413
D	ESCRIPTION OF PROBLEM OF	INFORMATION REQUI	ESTED
(Please be spe		which the respect to the term of the terms o	
of 19'6"w x 10'4"h, 6 What type of Frame	n Sheet A431; these curtainwalls have i'w x 10'4"h, 53'6"w x 14'h, and 13'10"w is to be used? Please provide elevation omplete curtainwall system.	x 14'h	neasured on Sheet A-210)
of 19'6"w x 10'4"h, 6 What type of Frame	i'w x 10'4"h, 53'6"w x 14'h, and 13'10"w is to be used? Piease provide elevation omplete curtainwall system.	approximate dimensions (as n x 14th n details with dimension; the ir	neasured on Sheet A-210
of 19'6"w x 10'4"h, 6 What type of Frame	i'w x 10'4"h, 53'6"w x 14'h, and 13'10"w is to be used? Piease provide elevation omplete curtainwall system.	approximate dimensions (as n x 14 ^t h	neasured on Sheet A-210)
of 19'6"w x 10'4"h, 6 What type of Frame A512 do not show c	is to be used? Please provide elevation omplete curtainwall system. OWNER F	approximate dimensions (as n x 14th n details with dimension; the ir	neasured on Sheet A-210)
of 19'6"w x 10'4"h, 6 What type of Frame A512 do not show c	is to be used? Please provide elevation omplete curtainwall system. OWNER F	approximate dimensions (as n x 14th n details with dimension; the ir	neasured on Sheet A-210)
of 19'6"w x 10'4"h, 6 What type of Frame A512 do not show c	is to be used? Please provide elevation omplete curtainwall system. OWNER F	approximate dimensions (as n x 14th n details with dimension; the ir	neasured on Sheet A-210)
of 19'6"w x 10'4"h, 6 What type of Frame A512 do not show c	is to be used? Please provide elevation omplete curtainwall system. OWNER F	approximate dimensions (as n x 14th n details with dimension; the ir	neasured on Sheet A-210)
of 19'6"w x 10'4"h, 6 What type of Frame A512 do not show c	is to be used? Please provide elevation omplete curtainwall system. OWNER F A-811 and specification section 09/13)	approximate dimensions (as n x 14th n details with dimension; the ir	neasured on Sheet A-210

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R.F.I. (REQUEST FOR INFORMATION)				
Project#:	605-327	RFì#;	9	
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13	
Solicitation No.:	VA262-13-B-0591	Reference:	General Conditions	
Drawing:		Specification Section:		
	DESCRIPTION OF PROBLEM OR be a dedicated staging area, in additio			
	OWNER R	ESPONSE	·····	
No, there will be no additional dedicated staging area. Refer to temporary contractor construction area on sheet A010. M. Swider (8/19/13)				
OWNER TRACKII		AMEND No.: Date:	40 TB	

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	R.F (REQUEST FOR I		
Project #:	605-327	RFI #:	10
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	General Conditions
Drawing:		Specification Section:	010001.19
DES	CRIPTION OF PROBLEM OF	R INFORMATION REQUE	ESTED
here are site points	of connection for temporary pow	er, water, and telephone?	
	OWNER	RESPONSE	
This shall be dete	ermined by the VA-LL contract	ing officer.	
M. Swider (8/19/			
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OWNER TRACKING	No.:	AMEND No.:	·
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VA Project Engineer	Manager:///	Date:	1073

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R.F.I. (REQUEST FOR INFORMATION)				
Project #:	605-327	RFI#:	11	
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13	
Solicitation No.:	VA262-13-B-0591	Reference:	General	
Drawing:		Specification Section:		
Di	ESCRIPTION OF PROBLEM OR	RINFORMATION REQU	ESTED	
	OWNER R	RESPONSE		
No the contractor shall not provide temperary facilities for VA namenal				
No, the contractor shall not provide temporary facilities for VA personnel. M. Swider (8/19/13)				
No, the contrac		acilities for VA personne		
		acilities for VA personne		
	9/13)	AMEND No.:		

R.F.I. (REQUEST FOR INFORMATION)			
Project #:	605-327	RFI #:	12
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	General Conditions
Drawing:		Specification Section:	1.1D
	OWNER	RESPONSE	
This shall be de	termined by the VA-LL contrac		
M Swider (8/19) FURTA PROVI	termined by the VA-LL contrac	cting officer.	LA BE
M Swider (8/19) FURTA PROVI	termined by the VA-LL contract (13) HUL INSTRUCT OBN BY CO LANCE	cting officer.	LA BB

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R.F.I. (REQUEST FOR INFORMATION)			
Project #:	605-327	RFI#:	13
Project Name:	OP Pharmacy Building	Date Requested;	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	Roofing
Drawing:		Specification Section:	07-5323
	DESCRIPTION OF PROBLEM OR ute PVC roofing?	INFORMATION REQU	IESTED
	OWNER R	ESPONSE	
Yes, PVC sha M. Swider (8/1	If be acceptable. 9/13)		
OWNER TRACKI	NG No.:	AMEND No.:	A STATE OF THE STA
VA Project Engin		Date:	40 10

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	R.F. (REQUEST FOR IN		
Project #:	605-327	RFI#:	14
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	Security Equipment
Drawing:		Specification Section:	Various
	ESCRIPTION OF PROBLEM OR	INFORMATION REQU	ESTED
	spital and that no upgrades are require		
	OWNER R	ESPONSE	
Confirmed, Sec	curity equipment and devices are monitor	ed and controlled from the M	ain Hospital.
OWNER TRACKIN	IC No ·	A REPUBLIES 51	
	A	AMEND No.:	

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	R.F.		
Project #:	(REQUEST FOR IN	RFI #:	15
r roject #.	000-321	111 17.	10
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	Security Equipment
Drawing:		Specification Section:	Various
D	ESCRIPTION OF PROBLEM OR	INFORMATION REQUI	ESTED
cam c. Do cam	at manufacturer, equipment and software nera system? both systems already have expansion can neras and access controlled doors being it work is required at the main Hospital can	pabilities built in order to intense patients and the new Pharmacy	erface with the new building?
	OWNER R	ESPONSE	
Department. An	itional security equipment and devices s y additional control relays and sub-pane curity Department for existing equipment	l shall match existing.	•
OWNER TRACKIN	1	AMEND No.:	

		INFORMATION)	
Project #:	605-327	RFI #:	16
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	Security Equipment
Drawing:		Specification Section:	Various
If a remote monitorin	ng or control station is required a	nt the Pharmacy building plea	se define the
	OWNED	DECDONCE	
Unless otherwise r		RESPONSE	
Unless otherwise r	OWNER noted by Owner, None required.	RESPONSE	
Unless otherwise r	noted by Owner, None required.	RESPONSE	

CONTROL OF THE PROPERTY OF THE

R.F.I. (REQUEST FOR INFORMATION)			
Project #:	605-327	RFI#:	17
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	Security Equipment
Drawing:		Specification Section:	Various
	OWNER	RESPONSE	
Unless otherwise Patient Pharmacy	noted by VA Project Engineer or Co		from Main Hospital to Out
OWNER TRACKING	101	AMEND No.:	н Соново Соново (Соново Соново С
VA Project Engineer	/Manager:	Date: 08F19/13	8-20-13

R.F.I. (REQUEST FOR INFORMATION)			
Project #:	605-327	RFI #:	18
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	General
Drawing:		Specification Section:	·
	ESCRIPTION OF PROBLEM OR	INFORMATION REQUES	STED
	•		
	OWNER R	ESPONSE	
			The second section of the sect
This shall be	determined by the VA-LL contract	ing officer.	ensityaatenseaati riisaan ee saariis ee ta'aa ta'a
M. Swider (8/		_	
	,		
OWNER TRACKIN	IC No.	AMEND No.:	
CAMBER INACKIN	nu.:	AWENU NO.:	
VA Project Engine	eer/Manager:	Date:	10-13

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19 6/13 Fireproofing 8100
Fireproofing
8100
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		F.I. RINFORMATION)	
Project #:	60 5-327	RFI#:	20
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	Stair #1 and #2 Finish
Drawing:	A-711, I-001	Specification Section:	05.5100
DES	SCRIPTION OF PROBLEM C	OR INFORMATION REQU	JESTED
terrazzo poured f	A-711 shows concrete filled met inish and landings and 3/8" precish Schedule, states RF3 at stairs	ast terrazzo treads.	
tread with riser, c	olor: 1904 deep Blue.		
Which is correct?	?		
	OWNER	RESPONSE	
	e-filled metal pan stairs and l		
Provide concrete M. Swider (8/19)	e-filled metal pan stairs and l		
	e-filled metal pan stairs and l		
	e-filled metal pan stairs and l		
	e-filled metal pan stairs and l		
	e-filled metal pan stairs and l		
	e-filled metal pan stairs and l		
	e-filled metal pan stairs and la		
M. Swider (8/19,	e-filled metal pan stairs and la	andings, with RF3 finish.	and an analysis of the contract of the contrac

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R.F.I. (REQUEST FOR INFORMATION)				
Project #:	605-327	RFI#:	21	
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13	
Solicitation No.:	VA262-13-B-0591	Reference:	Walk Off Mats	
Drawing:	A-210,i-210 & i-001	Specification Section:	12.4813	
			M	

DESCRIPTION OF PROBLEM OR INFORMATION REQUESTED

A-210 shows recessed Walk Off Mats at main entrance 101 at inside and outside of main entrance, and also at Stair #2 Exit at inside only.

I-210 shows a Walk Off Mat carpet type at entire floor area in entrance 101. Stair #2 exit area is shown as Rubber Flooring.

I-001, Lists, Walk Off Mats as C/S Group, Style: Duration, Color: Sandstone 903. (Carpet Type)

Which is correct?

OWNER RESPONSE

Provide all three recessed units per sheet A-210. Refer to specification 12 48 13 "Entrance Floor Mats/Grills and Frames" for stainless steel material to be used, and to meet uniform floor load of at least 500-psf. The rest of floor finish in Lobby Room 101 shall be SVT1 to match Waiting Room 102.

M. Swider (8/19/13)

OWNER TRACKING No.:		AMEND No.:
·	10	
VA Project Engineer/Manager:	Il V a Af	Date:
(1.60/1.1/1.1/11/2	K M SUDDI	7 40

	R.f (REQUEST FOR		
Project #:	605-327	RFI#:	22
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	Light Fixture Type G3
Drawing:	E-320 & E-612	Specification Section:	26.5100
DI	ESCRIPTION OF PROBLEM O	R INFORMATION REQU	ESTED
Please supply [*]	Type G3 specification.	chedule on E-612.	en gridline F & G.
Please supply	Type G3 specification.		
	Type G3 specification.	RESPONSE	
	Type G3 specification. OWNER		
	OWNER e the same as type "G", 4 Feet long.		

19. E. Company and the Company

	(REQUEST FOR	(INFORMATION)	
Project #:	605-327	RFI#:	23
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
olicitation No.:	VA262-13-B-0591	Reference:	Brick Paving
Drawing:		Specification Section:	32.1416
DES	CRIPTION OF PROBLEM	OR INFORMATION REQUES	STED
Do we have any h	rick paving on this project?		
		RESPONSE	
	OWNER	RESPONSE	and with the control of the control consecutive in the control control of the control
There is no brief	OWNER (paving en this project.	AMEND No.:	

The control of the way and the control of the contr

		F.I. RINFORMATION)	
Project #:	605-327	RFI#:	24
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	SCE POC
Drawing:	C-411 & E-010	Specification Section:	26.0541
DES	CRIPTION OF PROBLEM C	OR INFORMATION REQUES	TED
Please see revised	OWNER plans E-010 dated 08-16-13 for U	RESPONSE tility power POC.	
Please see revised			
Please see revised	plans E-010 dated 08-16-13 for U		sitionere na mittiglich deur des einstelle verwerte na mit en andere na entere na entere deur entere d

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		F.I. RINFORMATION)	
Project #:	605-327	RFI#:	25
Project Name:	OP Pharmacy Building	Date Requested:	8/16/13
Solicitation No.:	VA262-13-B-0591	Reference:	Fire Alarm
Drawing:		Specification Section:	28 31 00
	ESCRIPTION OF PROBLEM (OR INFORMATION REQUES	STED
V.A Loma Linda co	onstruction standard (Document VA26 fire detection and fire alarm system. I	2-13-B) under fire Protection sec F Expand as necessary.*	P.3 states "Verify
1) Please verify exi	sting main building fire alarm system o	equipment,	
•			
	OWNER	RESPONSE	
Existing Fire Al			
	arm system manufacturer is Siemens.		
Since Out-Patie		with other VA projects, the Fire alar	m System capacity eeded.
Since Out-Patie	arm system manufacturer is Siemens.	with other VA projects, the Fire alar	m System capacity eeded.
Since Out-Patie	arm system manufacturer is Siemens.	with other VA projects, the Fire alar	m System capacity eeded.
Since Out-Patie	arm system manufacturer is Siemens.	with other VA projects, the Fire alar	πι System capacity eeded.
Since Out Patie	arm system manufacturer is Siemens.	with other VA projects, the Fire alar	m System capacity eeded.
Since Out Patie	arm system manufacturer is Siemens.	with other VA projects, the Fire alar	m System capacity eeded.
Since Out Patie	arm system manufacturer is Siemens.	with other VA projects, the Fire alar	m System capacity eeded.
Since Out-Patie	arm system manufacturer is Siemens. ent Pharmacy is designed concurrent of in the field during start of construction	with other VA projects, the Fire alar	m System capacity eeded.